

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/520300

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		①				
4		①				
5		①				
6		①				
7	1					
8		①				
9		①				
10		①				
11		①				
12	1					
13		1				
14		2				
15		①				
16		①				
17		①				
18	1					
19		1		①		
20	1		1			
21	1		1			
22			1			
23				1		
24				1		
25				1		
26				1		
27				1		
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49						
50						
TOTAL IND.	7	↓	5	↓		↓
TOTAL DEP.	15	←	13	←		←
TOTAL CLAIMS	22		18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						